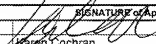


POWER OF ATTORNEY OR REVOCACTION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>09/646,852-Conf. #1116</td> </tr> <tr> <td>Filing Date</td> <td>September 22, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Per J. Lundberg</td> </tr> <tr> <td>Title</td> <td>FORMULATION</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>S. T. Tran</td> </tr> <tr> <td>Attorney Docket No.</td> <td>15652-00020-US</td> </tr> </table>	Application Number	09/646,852-Conf. #1116	Filing Date	September 22, 2000	First Named Inventor	Per J. Lundberg	Title	FORMULATION	Art Unit	1615	Examiner Name	S. T. Tran	Attorney Docket No.	15652-00020-US
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">30678</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input type="checkbox"/> The address associated with Customer Number:															
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I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____															
SIGNATURE of Applicant or Assignee of Record															
Signature	Name	Date	Telephone												
	Karen Cochran	31 March 2010	302-885-3046												
Title and Company Senior Patent Director, NS; AstraZeneca AB															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input type="checkbox"/> *Total of 1 forms are submitted.															